**Community Development Block Grant-Disaster Recovery Program**

**Duplication of Benefits Assurance Form**

**FEMA Public Assistance Non-Federal Cost Share Match Program**

This Community Development Block Grant-Disaster Recovery Program Assurance Form contains supplementary general conditions for use with agreements funded by the U.S. Department of Housing and Urban Development under Title I of the Housing and Community Development Act of 1974, as amended.

[*name of grantee]* , state of Louisiana, does hereby assure the Louisiana Office of Community Development that funding from alternate sources received prior to the disbursement of CDBG-DR funds are addressed as outlined in Project Worksheets obligated under the FEMA Public Assistance Program and/or as outlined in the PA Non-Federal Cost Share Match Program Agreement and amendment(s).

[*name of grantee representative] ,*  [*title (i.e. president mayor] ,* affirms that if any additional funds are received from duplicative resources after the disbursement of CDBG-DR funds under this Program, [*name of grantee]*  shall immediately notify OCD. Upon notification, OCD will conduct an additional Duplication of Benefits review and will require repayment of any funds found to be duplicative as a result. In addition, [*name of grantee]* will then be required to draft a formalized DOB policy to outline all methods and procedures to prevent any future Duplication of Benefits, as required by the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), as amended, and Federal Register Notices 76 FR 71060 and 84 FR 28836.

See the following resources for more information or guidance regarding the calculation, identification or classification of DOB:

CDBG-DR Laws, Regulations, and Federal Register Notices as outlined per HUD Exchange:

<https://www.hudexchange.info/programs/cdbg-dr/cdbg-dr-laws-regulations-and-federal-register-notices/>

Section 2 (“Administration”), Part 4.0 of the OCD CDBG-DR Grantee Administrative Manual: <https://www.doa.la.gov/Pages/ocd-dru/DRadminManual.aspx>

**authorization**

This Assurance is authorized by the \_ [name of GRANTEE] .

[*name of GRANTEE*]

By:

[*name & title of GRANTEE Representative*]

Date: